

BEST AVAILABLE COPY

MULTIPLE DEPEN CLAIM FEE CALCULATION SHEET (FOR USE WITH FEE SCHEDULE XTO-875)						SERIAL NO.	FILING DATE						
						0 / 568179							
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓		↓		↓							
TOTAL DEP.	9	↔		↔		↔							
TOTAL CLAIMS	12	[REDACTED]		[REDACTED]		[REDACTED]							